



## Complete Summary

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### TITLE

Smoking cessation: percent of patients using tobacco who have been offered a referral to smoking cessation specialty program to assist with cessation within the past year.

### SOURCE(S)

Office of Quality Performance. FY 2009, Q2 technical manual for the VHA performance measurement system. Washington (DC): Veterans Health Administration; 2009 Jan 5. various p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percent of patients using tobacco who have been offered a referral to smoking cessation specialty program to assist with cessation within the past year.

### RATIONALE

Smoking remains the leading cause of preventable death and disease in the United States. According to the Center for Disease Control (CDC), about 8.6 million people in the United States have at least one serious illness caused by smoking. Smoking-attributable illness is a major contributor to the \$75 billion per year in direct medical costs from smoking. Approximately 440,000 people in the United States die each year of a smoking-related illness, resulting in 5.6 million years of potential life lost and \$82 billion in lost productivity from smoking. For

every person who dies of a smoking-related disease, there are 20 more people suffering with at least one serious illness from smoking. Among current smokers, chronic lung diseases account for 73% of smoking attributable conditions. Among former smokers, chronic lung diseases account for 50% of smoking attributable conditions, followed by heart attacks (24%). Many more people are harmed by tobacco use than are indicated by death rates alone, and more individuals will experience serious chronic diseases attributed to smoking if they continue to smoke.

Tobacco dependence is a chronic relapsing condition that typically requires repeated interventions by provider and multiple attempts to quit. Tobacco cessation counseling on a regular basis is recommended for all persons who use tobacco products as a highly effective preventive medicine intervention. Even brief counseling, in combination with medications, can be very effective. Veterans receiving care in the Veterans Administration (VA) healthcare system are disproportionately affected by smoking-related illnesses as they smoke at higher rates than the general population. Every veteran patient who uses tobacco should be routinely encouraged to quit and offered evidence-based assistance to help quit.

Effective, evidence-based interventions exist for controlling and preventing many chronic diseases. In the case of smoking cessation, there is a large body of evidence providing strong support that counseling and medications are effective in helping smokers quit and these services have been rated as the most cost-effective of all clinical preventive services by the U.S. Preventive Services Task Force. Implementing proven clinical smoking cessation interventions would cost an estimated \$2,587 for each year of life saved. A complete review of tobacco cessation interventions have been reviewed and rated for their effectiveness in the 2008 Update of the U.S. Public Health Clinical Practice Guideline for Treating Tobacco Use and Dependence.

#### **PRIMARY CLINICAL COMPONENT**

Tobacco use; referral to smoking cessation specialty program

#### **DENOMINATOR DESCRIPTION**

All patients from the NEXUS Clinics cohort using tobacco (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

#### **NUMERATOR DESCRIPTION**

Patients using tobacco who, within the past year, have been offered referral to cessation program (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

### **Evidence Supporting the Measure**

#### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

## **NATIONAL GUIDELINE CLEARINGHOUSE LINK**

- [Treating tobacco use and dependence: 2008 update.](#)

## **Evidence Supporting Need for the Measure**

### **NEED FOR THE MEASURE**

Unspecified

## **State of Use of the Measure**

### **STATE OF USE**

Current routine use

### **CURRENT USE**

External oversight/Veterans Health Administration  
Internal quality improvement

## **Application of Measure in its Current Use**

### **CARE SETTING**

Ambulatory Care  
Physician Group Practices/Clinics

### **PROFESSIONALS RESPONSIBLE FOR HEALTH CARE**

Advanced Practice Nurses  
Dentists  
Nurses  
Physician Assistants  
Physicians  
Psychologists/Non-physician Behavioral Health Clinicians  
Social Workers

### **LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED**

Single Health Care Delivery Organizations

### **TARGET POPULATION AGE**

Unspecified

#### **TARGET POPULATION GENDER**

Either male or female

#### **STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

### **Characteristics of the Primary Clinical Component**

#### **INCIDENCE/PREVALENCE**

See the "Rationale" field.

#### **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

#### **BURDEN OF ILLNESS**

See the "Rationale" field.

#### **UTILIZATION**

Unspecified

#### **COSTS**

See the "Rationale" field.

### **Institute of Medicine National Healthcare Quality Report Categories**

#### **IOM CARE NEED**

Getting Better  
Staying Healthy

#### **IOM DOMAIN**

Effectiveness

### **Data Collection for the Measure**

#### **CASE FINDING**

Users of care only

## DESCRIPTION OF CASE FINDING

All patients from the NEXUS Clinics cohort\* using tobacco

\*Refer to the original measure documentation for patient cohort description.

## DENOMINATOR SAMPLING FRAME

Patients associated with provider

## DENOMINATOR INCLUSIONS/EXCLUSIONS

### Inclusions

All patients from the NEXUS Clinics cohort\* using tobacco\*\*

*\*Eligible patients:* Meets cohort selection criteria (refer to the original measure documentation for patient cohort description) and documented in the medical record the patient is currently using tobacco. If the patient's response is vague or ambiguous or documentation is conflicting (tobacco user and non-tobacco user both documented), patient is considered to be using tobacco.

*\*\*If a patient was not screened in the past 12 months and not known to be a lifetime non-tobacco user, or quit greater than 7 years ago, they are presumed to use tobacco and are included in the denominator (count against the facility).*

### Exclusions

- Patients who have reported successfully quitting in the last 12 months
- Has a life expectancy that doesn't lend itself to prevention screening
- Any of the following exclude the patient from screening for the prevention measure:
  - Documented diagnosis of cancer of esophagus, liver or pancreas
  - Enrolled in a Veterans Health Administration (VHA) or community-based hospice program
  - Documented in the medical record a life expectancy less than 6 months on the PROBLEM LIST or as a Health Factor in Computerized Patient Record System (CPRS)

## RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

## DENOMINATOR (INDEX) EVENT

Encounter  
Patient Characteristic

## DENOMINATOR TIME WINDOW

Time window precedes index event

## NUMERATOR INCLUSIONS/EXCLUSIONS

**Inclusions**

Patients using tobacco who, within the past year, have been offered referral to cessation program

**Note:**

- *Referral to cessation program:* Patient may refuse to participate but documentation must indicate that program was offered and communicated to the patient. This referral should optimally be to inform the patient of services available through a Veterans Affairs (VA) Smoking or Tobacco Use Cessation Specialty Clinic or a VA providers who are local specialists in evidence-based smoking cessation care, if such a clinic or provider is available to the patient. If the patient cannot or will not attend a VA clinic, the provider can also offer to refer the patient to a local smoking cessation program in the community, such as one available through the American Lung Association, the American Cancer Society, or a state telephone counseling quitline, through the national portal number, 1-800-QUIT-NOW, as appropriate.
- Any provider who is able to refer would be able to provide brief counseling and/or refer to a specialty smoking cessation clinic, including physicians, Nurse Practitioners(NPs)/Physician Assistants(PAs), Registered Nurses (RNs), social workers, psychologists, dentists, substance abuse counselors, and others.

**Exclusions**

Unspecified

**MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

**NUMERATOR TIME WINDOW**

Fixed time period

**DATA SOURCE**

Administrative data  
Medical record

**LEVEL OF DETERMINATION OF QUALITY**

Individual Case

**PRE-EXISTING INSTRUMENT USED**

Unspecified

## Computation of the Measure

### SCORING

Rate

### INTERPRETATION OF SCORE

Better quality is associated with a higher score

### ALLOWANCE FOR PATIENT FACTORS

Unspecified

### STANDARD OF COMPARISON

Internal time comparison

## Evaluation of Measure Properties

### EXTENT OF MEASURE TESTING

Unspecified

## Identifying Information

### ORIGINAL TITLE

Tobacco users: offered referral to smoking cessation clinic to assist with cessation.

### MEASURE COLLECTION

[Fiscal Year \(FY\) 2009: Veterans Health Administration \(VHA\) Performance Measurement System](#)

### MEASURE SET NAME

[Performance Measures](#)

### MEASURE SUBSET NAME

[Effectiveness of Care -- Tobacco Users](#)

### DEVELOPER

Veterans Health Administration

### FUNDING SOURCE(S)

Unspecified

## **COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE**

Unspecified

## **FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

Unspecified

## **ADAPTATION**

Measure was not adapted from another source.

## **RELEASE DATE**

2007 Oct

## **REVISION DATE**

2009 Jan

## **MEASURE STATUS**

This is the current release of the measure.

This measure updates a previous version: Office of Quality and Performance (10Q). FY 2008, Q1 technical manual for the VHA performance measurement system. Washington (DC): Washington (DC); 2007 Oct 31. 315 p.

## **SOURCE(S)**

Office of Quality Performance. FY 2009, Q2 technical manual for the VHA performance measurement system. Washington (DC): Veterans Health Administration; 2009 Jan 5. various p.

## **MEASURE AVAILABILITY**

The individual measure, "Tobacco Users: Offered Referral to Smoking Cessation Clinic to Assist with Cessation," is published in "FY 2009, Q2 Technical Manual for the VHA Performance Measurement System."

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## **NQMC STATUS**



This NQMC summary was completed by ECRI Institute on March 31, 2008. The information was not verified by the measure developer. This NQMC summary was updated by ECRI Institute on January 8, 2010. The information was verified by the measure developer on March 22, 2010.

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